Standard Form No. 2811 Office of Personnel Management FPM Supplement 890-1 Rev. June 1984	2811-105						
TO (carrier's name and address including	g zip code)			PAYROLL OFFICE NO.			
			CARRIER CODE	REPORT NO.			
			CODE				
				DATE OF REPORT			
NOTE: Include number of all S not include in Part B na check addition and subtr	ame changes, duplicate co		art A. Include only changes do not increase or decease the				
		A. TRAN	ISMITTAL				
STANDARD FORM NO. 2809 HEALTH BENEFITS REGISTRATION FORM NUMBER OF FORMS ATTACHED			NOTICE OF CHANGE IN E	STANDARD FORM NO. 2810 NOTICE OF CHANGE IN ENROLLMENT STATUS NUMBER OF FORMS ATTACHED			
	B. SUMMAF	RY REPORT OF	NUMBER OF ENROL	LEES			
DESCRIPTION			ENROLLMENT CODE NUME		TOTAL		
	1	2	4	5	101		
ENROLLEES FROM LAST REPORT							
ADD:							
NEW ENROLLEES (SF 2809)							
CHANGES IN CODE (SF 2809)							
TRANSFERS IN (SF 2810)							
OTHER (see Remarks)							
DEDUCT: CANCELLATIONS (SF 2809)							
CHANGES IN CODE (SF 2809)							
CHANGES IN PLAN (SF 2809)							
TERMINATIONS (SF 2810)							
TRANSFERS OUT (SF 2810)							
OTHER (see Remarks)							
TOTAL ENROLLEES							
<u> </u>		C. CERTII	FICATIONS		I		
FROM (payroll office name and address i	ncluding zip code)			AGENCY			
Q -1, 3	6 47,			ments transmitted herev s to the "total enrollees"			
TELEPHONE NUMBER (including area co	ode)		SIGNATURE OF AUTH	ORIZED OFFICIAL			
REMARKS				CARRIER			
			I certify that docu processed.	I certify that documents were received and changes were processed.			
			00000	IEVINO OFFICE	In a second		
			SIGNATURE OF CERT	IFYING OFFICER	DATE		

Standard Form No. 2811 Office of Personnel Management FPM Supplement 890-1 Rev. June 1984			MARY REPORT TEALTH BENEFITS PR		2811-105	
TO (carrier's name and address including	g zip code)			PAYROLL OFFICE NO.		
			CARRIER			
			CODE	REPORT NO.		
				DATE OF REPORT		
NOTE: Include number of all S not include in Part B na check addition and subtr	ame changes, duplicate c			ges to the number of enrolees.		
		A. TRAN	SMITTAL			
STANDARD FORM NO. 2809 HEALTH BENEFITS REGISTRATION F NUMBER OF FORMS ATTACHED	NOTICE OF CHANGE	TANDARD FORM NO. 2810 NOTICE OF CHANGE IN ENROLLMENT STATUS NUMBER OF FORMS ATTACHED				
	B. SUMMAF	RY REPORT OF	NUMBER OF ENR	OLLEES		
DESCRIPTION		1	ENROLLMENT CODE N		TOTAL	
	1	2	4	5		
ENROLLEES FROM LAST REPORT.						
ADD:						
NEW ENROLLEES (SF 2809)						
CHANGES IN CODE (SF 2809)						
TRANSFERS IN (SF 2810)						
OTHER (see Remarks)						
DEDUCT:						
CANCELLATIONS (SF 2809)						
CHANGES IN CODE (SF 2809)						
CHANGES IN PLAN (SF 2809)						
TERMINATIONS (SF 2810)						
TRANSFERS OUT (SF 2810)						
OTHER (see Remarks)						
Official (see remarks)						
TOTAL ENROLLEES						
		C. CERTII	FICATIONS			
FROM (payroll office name and address i	ncluding zip code)			AGENCY		
			I	I certify that documents transmitted herewith will adjust the payroll records to the "total enrollees".		
TELEPHONE NUMBER (including area co	ode)		SIGNATURE OF A	UTHORIZED OFFICIAL		
REMARKS			I certify that d processed.	CARRIER ocuments were received a	nd changes were	
			SIGNATURE OF C	ERTIFYING OFFICER	DATE	

Standard Form No. 2811 Office of Personnel Management FPM Supplement 890-1 Rev. June 1984			MARY REPORT TEALTH BENEFITS PR		2811-105	
TO (carrier's name and address includi	ng zip code)			PAYROLL OFFICE NO	ı.	
			CARRIER	REPORT NO.		
			CODE	REPORT NO.		
				DATE OF REPORT		
NOTE: Include number of all not include in Part B in check addition and sub-	name changes, duplicate co		•			
		A. TRAN	ISMITTAL			
STANDARD FORM NO. 2809 HEALTH BENEFITS REGISTRATION NUMBER OF FORMS ATTACHED.	NOTICE OF CHANGE	STANDARD FORM NO. 2810 NOTICE OF CHANGE IN ENROLLMENT STATUS NUMBER OF FORMS ATTACHED				
	B. SUMMAR	Y REPORT OF	NUMBER OF ENR	OLLEES		
DESCRIPTION		1	ENROLLMENT CODE N	TOTAL		
	1	2	4	5		
ENROLLEES FROM LAST REPOR	т					
ADD:						
NEW ENROLLEES (SF 2809)		+				
CHANGES IN CODE (SF 2809)						
TRANSFERS IN (SF 2810)						
OTHER (see Remarks)						
DEDUCT:						
CANCELLATIONS (SF 2809)						
CHANGES IN CODE (SF 2809)						
CHANGES IN PLAN (SF 2809)						
TERMINATIONS (SF 2810)						
TRANSFERS OUT (SF 2810)						
OTHER (see Remarks)						
TOTAL ENROLLEES	·					
		U. CERTII	FICATIONS			
FROM (payroll office name and address	including zip code)		T (C 1)	AGENCY I certify that documents transmitted herewith will adjust		
				documents transmitted here cords to the "total enrollees	_	
TELEPHONE NUMBER (including area	code)		SIGNATURE OF A	NUTHORIZED OFFICIAL		
REMARKS				CARRIER		
			I certify that of processed.	documents were received a	nd changes were	
				PERTIEVING OFFICER	DATE	